



Date _____

Name _____
(Last Name) (First Name) (Middle Initial)

Joint Applicant _____

Service Address _____

Connection Date Requested _____

Requested connection time (please circle) 9:00 AM- 12:00 PM 1:00 PM – 5:00 PM
5:00 PM – 7:00 PM (an additional service fee is required for this service) _____ (please initial for after-hours service)

Mailing Address _____
(If different from service address)

Home Phone _____ Work Phone _____ Cell Phone/Other _____

Drivers License Number _____ State _____ Date of Birth _____

Social Security Number _____ Joint Applicant Social Security Number _____
The disclosure of social security number is mandatory, by authority of Ordinance No. 99-10, to be used for the purpose of fraud prevention and collection.

Employer Name _____

Military Unit _____ Military Rank _____

You may request that the City of Killeen not disclose personal information on your utility account record, except under circumstances allowed by law. If you wish to prohibit personal account information, please sign here:

Your water will be turned on according to the service date and time you have indicated above. Please verify this date and time. *It is recommended that you be there to make sure that no water damage occurs.* I understand that there will be a charge for an additional service call if the meter cannot be left on because there is no one at home.

I hereby release the City of Killeen from any responsibility due to water damage or broken line as a result of the water being turned on.

Date

Signature

CID _____

For Office Use Only
Work Order # _____

LID _____

Deposit _____ BAQ _____ GCH _____